

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 103103	FILING DATE				
						APPLICANT/RS					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1					51			
2		1		1				52			
3		2						53			
4		2						54			
5		3						55			
6		3						56			
7		3						57			
8		1						58			
9		1						59			
10		1						60			
11		3						61			
12		1						62			
13		1						63			
14		1						64			
15		1						65			
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18		1						68			
19		1						69			
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45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.								TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS								TOTAL CLAIMS			